

OPINION

COVID-19 deaths may be down, but those outdated stats are no excuse for complacency

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People line up at a COVID-19 testing clinic, in Montreal, on Sept. 23, 2020.

RYAN REMIORZ/THE CANADIAN PRESS

Coronavirus cases are on the rise again in Canada, now up to more than 1,500 a day. If the current trends continue, we could record 5,000 cases daily by Halloween – double the number this country saw during the first peak back in the spring.

Whether we're in a second wave or we remain within one long, continuous ripple – it doesn't much matter – Quebec and Ontario are seeing the biggest surges during this period. But this time, cases are being recorded in the regions, not just in big cities. Alberta, B.C. and Manitoba are seeing troubling numbers too.

But don't worry, some say: While cases are up, the number of hospitalizations (about 500 in Canada) and deaths (about five daily) are minimal. This is, in the eyes of the conspiracy theorists and "fake news" chanters, a "casedemic," not a pandemic.

Hospitalizations and deaths are indeed lower than in the spring; that's a good thing. But that can't be an excuse to let cases spread wildly, to resist imposing stronger public-health measures to rein in this spike, or to throw caution to the wind with economic reopening.

The coronavirus is not getting less virulent or less deadly. Rather, it's hitting a different demographic, and we're getting better at treating those who do get sick.

For example, early in the pandemic, 90 per cent of COVID-19 patients with severe symptoms ended up on a ventilator; now, it's fewer than 30 per cent. We learned that ventilators did more harm than good in many cases. We also have better treatments now, like the cheap steroid dexamethasone.

Early in the pandemic, the frail elderly – particularly those in institutional care – were ravaged by coronavirus. The death toll was horrific: About 7,500 of the 9,300 confirmed COVID-19 deaths in Canada were seniors.

Now, we're testing more and finding more mild and asymptomatic cases. Younger people are being infected; about two-thirds of cases are people under the age of 40 and increasing most rapidly in the 19-to-29 age group. (Yes, some of these young people party irresponsibly, but they are also the workers who are put at greatest risk when bars, restaurants and retail stores reopen.)

Young people have stronger immune systems, so they can better fight off viral infection. That explains, in part, the lower number of hospitalizations and deaths too. Yet, cases will invariably spread to higher-risk populations; we are already seeing dozens of new and concerning outbreaks in long-term care.

We can't neglect either that a small but not insignificant number of young people who contract COVID-19 develop chronic symptoms. We have no idea why some people become "long-haulers," and that's a reminder that there is still much we don't know. We take the coronavirus lightly at our peril.

Mortality is certainly not the only metric that matters. It's also what scientists call a "lagging indicator." The cases we're seeing today are mostly people who were infected a week or more ago, and the hospitalizations we're seeing today are people infected two to three weeks ago; the deaths that are occurring are patients infected a month or two ago. This virus kills slowly, but it kills.

In viral terms, today's statistics are ancient history – particularly the mortality ones. The low number of hospitalizations and deaths only tells us that we were doing a good job of preventing the spread of coronavirus in July and August. The rising number of cases indicates that we haven't done so well in recent weeks.

Canadians appear to have let their guard down in the dog days of summer and through Labour Day weekend. There was more mingling, more travel, more partying and a lot of bursting of bubbles due to the return to school and return to work for many. We're seeing the consequences of that in today's statistics, and you can bet that the numbers will rise throughout the week. The hospitalizations and deaths will creep up too; they've already started to, albeit slowly.

Will hospitals be overwhelmed? Probably not, and hopefully not. But as long as the coronavirus circulates widely and people are sick, there will be collateral damage like cancelled surgeries and closed clinics.

We have to dispense with false dichotomies. It's not an either-or between a pandemic or a "casedemic"; it's not an either-or between saving lives or saving the economy. We can do both, by taking case numbers seriously and thus earning the right to reopen the economy judiciously.

The last thing we need is to be reminded in a month or so just how glib it was to think that the pandemic wasn't killing anyone any more, and to be asking ourselves once again why we didn't act sooner or more forcefully.

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